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Did you Know...

Project FOCUS (Families Overcoming Stress) provides structured activities and developmentally appropriate combat stress and deployment education designed to build family and service member resilience.

Navy and Marine Corps Medical News

A Public Affairs Publication of the Bureau of Medicine and Surgery

22nd MEU Marines Save Artificial Lives to Learn

By Staff Sgt. Matthew Epright, 22nd Marine Expeditionary Unit Public Affairs

CAMP BUEHRING, Kuwait – The sound of rifle shots crackle through the air. Explosions can be heard in the distance. Wounded men cry out for help, their blood seeping into the hard ground. Marines rush to the aid of the wounded, their training fresh in their minds. They can save these lives.

Like a scene out of a modern war movie, and just as simulated, Marines and Sailors from the 22nd Marine Expeditionary Unit used the Camp Buehring, Kuwait, Medical Simulation Training Center to test their Combat Life-Saver skills Aug. 25.

"They have mannequins that react like a live casualty, with respiration and a pulse. They blink and they bleed," said Petty Officer 1st Class Joseph Rawson, a hospital corpsman who trained the Marines in the CLS skills.

Fast-talking Philadelphia native Rawson said the Army's MSTC replaces the usual method of testing, which consists of Marines pretending to use first aid supplies on notionally wounded comrades.

"We really aren't allowed to practice a lot of stuff on each other," he said. "This gives them a little more visual feedback and it puts them a little more in the scenario."

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CAMP BUEHRING, Kuwait – Marines with Marine Medium Tiltrotor Squadron 263 (Reinforced), 22nd Marine Expeditionary Unit, apply a tourniquet on a dummy during a Combat Life-Saver evaluation at the Medical Simulation Training Center aboard Camp Buehring, Kuwait Aug. 25. The 22nd MEU is conducting sustainment training in Kuwait while serving as the theater reserve force for U.S. Central Command. *U.S. Marine Corps photo by Cpl. Theodore Ritchie*

Admiral's Call by the Surgeon General of the U.S. Navy Vice Admiral Adam M. Robinson, Jr.

Strengthening Psychological Health and Suicide Prevention

Navy Medicine is committed to ensuring our Sailors and Marines are medically prepared to meet their mission. This commitment, which is at the heart of Force Health Protection, includes both their physical and mental well-being. The two are inextricably linked and vitally important to overall health.

The stress of our present operational tempo, including the number and length of deployments, impacts the psychological and emotional health of each of us and our families. We are striving to reduce the stigma surrounding psychological health issues. This stigma can be a significant barrier to seeking mental health services for active duty, civilians, and family members. Admiral Michael Mullen, the Chairman of the Joint Chiefs of Chief, stated that "the act of reaching out for help is, in fact, one of the most courageous acts and one of the first big steps to reclaiming your career, your life and your future."

Navy Medicine ensures a continuum of psychological health care is available to service members throughout the deployment cycle – before deployment, during, and after deployment. Our mental health specialists are being placed in operational environments to provide services where and when they are needed and more mental health services are being made available to family members who may be affected by the psychological consequences of combat and deployment. In conjunction with our line counterparts, programs such as Navy Operational Stress Control,

Marine Corps Combat Operational Stress Control (OSCAR), FOCUS (Families Overcoming Under Stress) and Caregiver Occupational Stress Control (CgOSC) are examples of services specifically designed to help Sailors, Marines, and their family members build emotional resiliency and manage stress. The goal is to provide mission ready service members, families, and commands.

National Suicide Prevention Week is September 6 – 12 and it is an appropriate time to reflect on the importance of prevention and intervention. For us in Navy Medicine, however, every week is suicide prevention week, requiring an all-hand, full-time commitment. It requires all of us to apply the Navy Core Values of honor, courage and commitment in helping our shipmates who may be in distress. It also requires leadership, training, surveillance, and vigilance at all levels of command.

Suicide ranks as the third leading cause of death in the Navy. Each tragic loss devastates a family, shakes a community, and unravels the cohesive social fabric and morale of a command. One suicide is too many. The Navy has medical, fleet and family support centers as well as chaplains standing by to help. There are also excellent Navy and Marine educational online resources including www.suicide.navy.mil and www.usmc-mccs.org/suicideprevent to help as well.

We know the key factors that put an individual on the path of suicide and we know how to help that individual back on the path to a healthy and focused life. What can you do to assist a shipmate



who may be in emotional and personal distress?

A-C-T: Ask – Care – Treat.

- Ask if they are thinking about suicide
- Show that you care and are concerned
- Take responsibility to get them professional assistance

Our primary goal remains saving and improving the lives of our Sailors, Marines, and family members. There is a point in everyone's life when they need assistance.

Help me end the stigma attached to reaching out for help! If you need help, ask for help. If you know someone who needs help, stop and take the necessary action to help them get it.

Every life counts.

This is our obligation to one another and truly defines the word SHIPMATE. Please be a SHIPMATE to all our Navy and Marine Corps family members. This is the essence of commitment to ourselves, our Navy and Marine Corps, and our nation.

Lejeune Doctor Awarded Legion of Merit

By Raymond Applewhite, Naval Hospital Camp Lejeune Public Affairs

CAMP LELEUNE, N.C. – Maj. Gen. Paul E. Lefebvre, deputy commanding general of II Marine Expeditionary Force, presented the Legion of Merit award to Cdr. James L. Hancock in a ceremony held at Naval Hospital Camp Lejeune, N.C., Aug. 21.

Hancock is currently the hospital's director of Medical Services and is a highly skilled Emergency Room Physician. He was awarded the Legion of Merit for his actions in support of OPERATION ENDURING FREEDOM from March 2008 - November 2008, while serving as Commander, Shock Trauma Platoon, 2d Battalion, 7th Marines, United States Marine Corps Forces Central Command (Forward).

The Legion of Merit is one of the Naval service's highest decorations. Hancock received the award for his remarkable contributions to the unit's operational preparedness and force protection.

During his Company's deployment, as a result of his initiative, he established conditions for future follow-on medical providers. He identified the need for an expeditionary and mobile trauma capability and later developed the

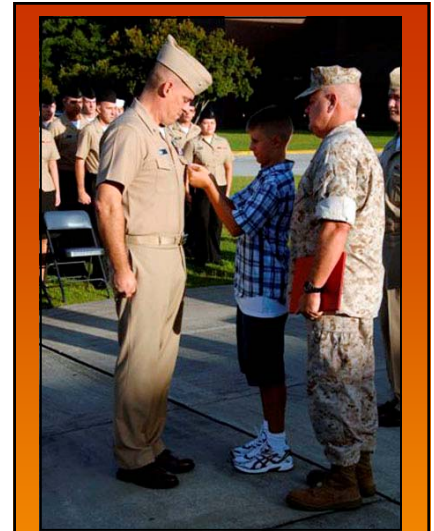
concept and helped design and build the "Mobil Trauma Bay", which provided his unit with a mobile, secure and environmentally controlled emergency room used to treat battle filed casualties up to the very point of injury.

"We have changed the way we do business and as a result, we are saving lives. We can provide state-of-the-art medical care to the injured within approximately 50 feet from the fight. The Mobile Bay Training Unit is a tactical trauma team forward of the forward of the forward BAS," said Hancock.

"I am thankful, very thankful. When it comes time to strap on the tools, Navy Doctors, Corpsmen and Nurses are the ones. The medical capability that you bring to the battlefield and in garrison makes a huge difference in our ability to take the fight to the enemy," said Lefebvre.

After giving an emotionally charged speech, Lefebvre called Hancock's 12 year old son, Connor forward and had him pin the award on his father's chest.

Hancock told the crowd that the award was not about him and gave all of the credit to the corpsmen and doctors who were a part of the team.



Camp Lejeune, N.C. -Cmdr. James Hancock's 12 year old son Connor, pins the Legion of Merit Medal on his father's chest as the presiding officer MGen Paul Lefebvre, deputy commanding general of II Marine Expeditionary Force looks on. The award ceremony was held at Naval Hospital Camp Lejeune on 21 Aug. U.S. Navy photo provided by Camp Lejeune public affairs.

A large crowd of the hospital staff were also in attendance and many of them fought back tears at the General's heart felt speech thanking Navy Medicine for the significant role they play in the lives of the nation's warriors and their family members.

Marines continued...

(Continued from page 1)

That feedback is vital to teaching caregivers how to physically perform what they are taught in the classroom.

"The more hands-on training you can get on these skills, the better off the people are going to be," said training facilitator Lorenzo Saenz. "It needs to be second nature and muscle-memory is absolutely where it's at."

"It's good to actually see what you're doing," said Sgt. Timothy Wagner, a Marine with the MEU and native of Bellevue, Ohio.

Wagner, on his third deployment with the MEU, went through both the CLS training and the MSTC simulator last deployment. He said the sound effects were an effective addition over the previous training.

"This year, they did the noise simulations, so you know what to do when you're under fire," he said, explaining how he had to screen out the distractions. "You just patch up all the holes on the victim and just keep them alive and get them ready for casevac."

Rawson says it's all about training how you fight.

"If you train in the situation to where you can drown out surrounding noises, it just gets you in that mindset of how you're going to react to that casualty," he said.

He went on to explain he even had the Marines wearing their full combat load, with Modular Tactical Vests, Kevlar helmets and rifles, just to add to the level of realism.

"If you're not wearing the proper gear, you're not going to be able to figure out how it's going to hinder you, how you can work around it," Rawson said. "It was an opportunity for them to adjust themselves to a whole new set of skills."

Wagner says the training is excellent, not only for Marines like him who are constantly deployed, but for any Marine.

"You could be someone that is just at a training site, setting up tents. The wind blows, one of those tents breaks and a pole jabs through someone," he offered as an example. "What do you do?"

The MHS Honors Outstanding Female Physicians

MHS Press Release

FALLS CHURCH, Va. - The Chief Human Capital Office (CHCO) of the Military Health System (MHS) announces the launch of the new annual "Building Stronger Female Physician Leaders in the MHS" award. The award, which is the first of its kind, identifies and honors outstanding female physicians who have made significant contributions to the practice of military medicine and serve as exemplary role models for others. It is one of many innovative initiatives designed to attract female physicians into the MHS, a vital need because of increasing numbers of females entering and graduating from medical schools.

"Female physicians are an integral part of the work of the MHS," said Ms. Ellen Embrey, performing the duties of assistant secretary of defense for health affairs. "This award represents our commitment to honor their contributions to military medicine, as well as an opportunity to motivate the next generation of young women physicians."

The award will honor one junior leader (O3-O5) per service, as well as recognize one senior (O6) MHS-wide

leader. Nominees must demonstrate distinctive achievement and service in their field of clinical expertise, involvement in enhancing the role of women in medicine by being a positive role model for women of all ages, and service to their communities.

A panel comprised of a female physician leader from each service as well as one female leader from Department of Defense Health Affairs will review and score each of the nomination packages and determine the award winners based on the order of merit. Winners will have the opportunity to sit on future panels.

The role of the CHCO organization is to integrate efforts to sustain more than 130,000 military and civilian medical and support professionals. The CHCO Team is also responsible for the policies behind succession planning, faster ways to recruit and retain personnel, increased compensation, and improved quality of work for the entire MHS.

To nominate an outstanding female physician, and learn more about the CHCO, please visit www.health.mil/people. Nominations are due on October 30, 2009. Winners will be announced formally at the MHS Conference, held in Washington, DC in January 2010.

NMCP Begins Seasonal Flu Shots for Staff

By Deborah Kallgren
Naval Medical Center Portsmouth
Public Affairs

NAVAL MEDICAL CENTER PORTSMOUTH, Va. - While most people do not associate summer-time with flu season, Naval Medical Center Portsmouth is changing that perception. NMCP began administering seasonal flu shots to its staff last month, and its Commander, Rear Adm. William Kiser, was among the first to receive his shot.

"I feel protected already," Kiser said afterward.

Seasonal flu shots should not be confused with H1N1 (swine) flu vaccines. While the seasonal flu usually peaks between November and February, the virus is in the community long before.

"We've seen low levels of seasonal flu in Hampton Roads this summer," said Cherylann Kraft, Immunization Program Manager at the medical center. "It's our goal that every staff member at NMCP gets immunized to protect themselves and prevent passing influenza to their patients."

With a staff of approximately 6,000 military, civilians, contractors and volunteers at the medical center and its branch clinics, it's a major undertaking to immunize everyone. But it's not the first time it's been attempted.

NMCP's Immunization Clinic received a Certificate of Achievement from Joint Commission Resources (an affiliate of The Joint Commission, which accredits hospitals) for successfully meeting the 2008-09 Flu Vaccination Challenge. NMCP immunized 97.2 percent of its staff, a figure which does not take into account the medical center's military personnel fluctuations.

Nationally, more than 1,700 hospitals participated in the vaccination challenge; 94 percent met the challenge, vaccinating at least 43 percent of their staff. Hospitals participating in the challenge achieved an average immunization rate of 63 percent for the season.

NMCP's near perfect success rate for immunizing staff was achieved through a combination of innovation, diligence and an ever-present desire to protect its



NAVAL MEDICAL CENTER PORTSMOUTH, Va. (August 24, 2009) - NMCP Commander, Rear Adm. William Kiser, receives his annual influenza vaccination (flu shot) from Hospital Corpsman Brandon Shae. A team of corpsmen made their way around the medical center to administer the vaccine to as many staff as possible before Oct. 1. *U. S. Navy photo by Mass Communication Specialist 3rd Class Jessica Pounds/Released.*

patients from contracting influenza.

"We accomplished this via concise programs that designated vaccination for health care providers as a condition of employment, and increased access to vaccination to include roving

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Key West Health Clinic Improves Sailors' Readiness

By Marsha Childs
Naval Hospital Jacksonville Public Affairs

KEY WEST, Fla.—The Naval Branch Health Clinic (BHC) Key West staff understand how critical it is for military personnel to be ready to deploy in tip-top shape at a moment's notice. They have instituted a successful Individual Medical Readiness (IMR) Program to ensure deployers are ready for any challenge.

Whether Sailors deploy as Individual Augmentees (IAs) or as part of a team, IMR is a critical factor to their mission's success.

IMR includes six major elements: Periodic Health Assessments (PHA), dental readiness, immunizations, laboratory studies, individual medical equipment and deployment limiting conditions.

Administrative Officer Lt. Janiese Cleckley and her team recognized that many Sailors had not met all their IMR requirements for optimal deployability. They were scheduling appointments, but not keeping nor cancelling them.

"One of the most prevalent and costly issues we were facing was the high rate of patient 'no shows,' a situation beyond our control," Cleckley said.

To ensure a healthy and fit fighting force, the medical team formulated a plan enlisting the aid of Naval Air Station Key West installation commanders and Senior Enlisted Leaders (SEL) to hold their members accountable for keeping their dental and medical appointments.

In 2008, BHC Mayport logged 1,693 no-show medical and dental appointments with 68 percent of those missed by active duty personnel. On average, a medical visit costs the clinic about \$380 and a dental visit about \$100. The estimated cost of these appointments is \$643,340 in wasted resources.

Cleckley said, "It is very important to have the area commanders' buy-in. Each command designates a Command Medical Liaison who has the responsibility of reminding members to keep their appointments."

Key players at each tenant command provide the names of their personnel who are available for next-day appointments. The clinic staff reserves a slot for each person on the list and sends it back to the command's medical liaison who in turn informs the patient.

Patients who need to cancel may call the clinic's Command Duty Officer after hours, thereby freeing up these appointments for the following day. This plan not only reduces the number of missed appointments but also improves access for others who need urgent medical or dental care.

The clinic's PHA coordinator collects IMR data for each tenant command. It is prominently displayed on the IMR board in the quarterdeck showing each unit's percentage of readiness and active duty no-show rate from the previous week.

If a command falls below the 75 percentile benchmark, its scores are posted in red to raise

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BETIO, Kiribati - (Aug. 26, 2009) Canadian Army Capt. Jason Yee and Hospital Corpsman 3rd Class Angel Herndon provide dental treatment to a local woman at Betio Sports Complex, during a Pacific Partnership 2009 medical civic action project. Pacific Partnership is a humanitarian and civil assistance mission in the Pacific Fleet area of responsibility. *U.S. Navy photo by Mass Communication Specialist 2nd Class Joshua Valcarcel/Released*



From Bench to Battlefield

By Dr. Keith Prusaczyk, Director,
NMR&D Medical
Development Program

BETHESDA, Md. - The Medical Development Program focuses on producing equipment, techniques and concepts that reduce morbidity and mortality of our service members. A primary goal is to enhance the logistic feasibility of delivering state-of-the-art medical care and ensuring that our personnel are medically qualified and optimally prepared for duty. The program serves as the Navy's Advanced Medical Development agent, acting as a transition point for new capabilities delivered to the Fleet and Marine Forces. Our primary role is supporting the Surgeon General to effectively execute



BETHESDA, Md. - The USMC new MOVES system. (NMR&D courtesy photo.)

Navy Medicine's mission in support of the Chief of Naval Operations.

Navy Medicine supports both Navy and Marine Corps operations, providing essential care in hostile environments and ensuring continuity of care throughout the Joint Operational environment. In support of that mission, the Medical Development Program focuses on producing equipment, techniques, and concepts that reduce morbidity and mortality, closing capability gaps and enhancing the operational effectiveness of Sailors and Marines.

Recent program advancements include: USMC En Route Care Monitoring, Oxygen, Ventilation, and External Suction (MOVES) MOVES was developed to reduce the logistic burden experienced by the U.S. Marine Corps during patient movement and to provide vital patient support during casualty evacuation and en route care. This

device is scheduled to enter low-rate initial production in November 2009.

PAXlight - Already in production the PAXlight is an LED-based surgical lamp being deployed with the Forward Resuscitative Surgical System. It is lighter, brighter and longer-lived than the lamps currently in use.

Wound Management Program

Between point of injury care and comprehensive rehabilitation lie a complex series of events that we call "Wound Management." This is a collaborative effort involving multiple partners and funding sources.

Biomarker Panel - Identifying indicators of wound and body physiological status indicating the wound is ready to close. The benefits of this program can be characterized in multiple ways. In addition to more efficient personnel and resource use, this program has a substantial fiscal impact, if fully realized.

Heterotopic Ossification (HO) Bone forming where there should not be bone, or more bone than is needed to do the job, is emerging as a characteristic of combat wounds. We are working on methods to mitigate the negative effects on wound healing and on rehabilitation and prosthetic fit and function.



BETHESDA, Md. - The current casualty evacuation system (NMR&D courtesy photo.)

Flu continued...

(Continued from page 4)

teams who provided vaccination during all hours, including weekends," said Kraft. "Our program was successful as our leadership resourced us for success and actively championed the drive. Of course, the (information technology) system that was developed was critical to tracking staff immunizations."

The effort has begun again at the medical center and its branch clinics for the 2009-10 influenza season. All staff should be immunized by Oct. 1.

"This year, staff members will receive a personalized wallet card that verifies they have received their seasonal flu shot - they need to hang on to that," said Kraft. "On the reverse is where we will verify they've

received their H1N1 vaccines, once they are available."

Flu shots are mandatory for service members, and NMCP will soon be vaccinating shore-based and soon-to-deploy Sailors. Vaccination clinics and schedules will be announced shortly for dependents and retirees.

As in previous years, the medical center will offer the FluMist nasal vaccine as well as the traditional injectable vaccine. It takes about two weeks after vaccination for the body to develop full protection against the strains of influenza in the vaccine.

Kraft said, "Everyone's heard it before, but hand washing and coughing and sneezing into your shoulder are - apart from getting a flu shot - the best ways to prevent the flu. And if you do get sick, stay home; don't spread your illness."

Dental Care On the Go

By Deborah Kallgren and Cmdr. Joe Michael, Naval Medical Center
Portsmouth Public Affairs

PORTSMOUTH, Va. – For some Sailors, the best thing about going to the dentist is the new car smell.

Last month, Branch Dental Clinic Norfolk rolled out four new state-of-the-art Mobile Dental Units. Essentially big trucks with dental suites, the MDUs treat thousands of Sailors a year to maintain their dental readiness.

Each new MDU costs \$375,000 and smells more like a new car than a dentist's office. Each is equipped with digital radiography and two fully functioning dental operatories.

Because destroyers, frigates, cruisers and submarines have no dental assets on board, the dental clinic provides pierside care to the crews at Norfolk Naval Station and Little Creek Naval Amphibious Base. Dental clinic staff schedule appointments with Sailors, drive the MDU to the pier, and restore the dental readiness of the service member.

"The majority of the Sailors will only need a cleaning, exam or a filling," said Cmdr. Joe Michael, Fleet Liaison Officer at the clinic.

Not only is pierside dental care convenient for Sailors, but it also saves commands many work hours that would be lost if crew members had to travel to appointments at brick-and-mortar dental clinics.

Michael added, "Dental readiness is a key thing. To convert Sailors from Class 3 to Class 1 without having to go to Sewells Point (dental clinic) really saves manpower for the commanders of ships and the line. It's – hands down – the most effective way to provide service to the fleet."

Last year, the clinic's Fleet Department treated more than 14,500 fleet Sailors, averaging 82 patients a day using two vans. Currently there are six older units in



PORTSMOUTH, Va. – NMCP Commander, Rear Adm. William Kiser, center, with members of Branch Dental Clinic Norfolk. Kiser toured one of the clinic's new Mobile Dental Units at NMCP's historic Bldg. 1, the nation's first naval hospital. This MDU is one of four new units that will provide pierside care to Sailors on board ships and submarines with no dental assets. Equipped with two dental operatories, each MDU can treat up to 65 patients a day, restoring a Sailor's dental readiness. *U.S. Navy photo by Mass Communications Specialist 2nd Class William Heimbuch.*

service, and some will be retired as the new MDUs come on line. The vans also help with humanitarian missions in Hampton Roads in conjunction with the Commonwealth of Virginia.

Hospital Corpsman 3rd Class Chantel DeValk is excited to provide more dental services and capabilities to the fleet. "We'll treat about 40 patients a day in a unit, depending on what they need. We can see up to 65 a day" in each unit, she said.

BDC Norfolk is a unit of Naval Medical Center Portsmouth. Its Fleet Department has successfully deployed 144 ships at greater than 95 percent Operational Dental Readiness since Sept. 11, 2001, with 51 of those ships at 100 percent ODR.

Readiness continued...

(Continued from page 5)

awareness of the issue. On a recent visit to the clinic, one commander was so disheartened when he saw his unit was in the red, he secured early liberty on Fridays until the scores dramatically improved.

The clinic is also required to track and report IMR data to Health Affairs via the Bureau of Medicine and Surgery. The good news is the IMR statistics are improving.

From Oct. 1, 2008, when the clinic started collecting data, to June 2009 after the implementation of the initiative, nearly all of the

tenant commands showed considerable improvement on their IMR scores. Further, active duty no-show rates fell from a high of 11 percent to about four percent.

The PHA equates to an annual physical and is performed within 30 days of each Sailor's birth month if possible. It assesses changes in health status, especially those that could impact a member's ability to perform his or her military duties. All required immunizations and laboratory tests are updated at this visit. Laboratory tests include HIV testing and DNA sampling.

A dental examination assesses each Sailor's dental health to ensure they are within acceptable standards to deploy.

The IMR makes certain Sailors are outfitted with medical equipment such as gas mask inserts, eye glasses and medical warning tags.

The IMR information, which is available electronically to unit commanders, assists with contingency planning when a Sailor is not medically ready to deploy due to a chronic or prolonged health condition such as pregnancy.

Suicide Prevention Tips and Techniques

By Hugh Cox, Navy and Marine Corps Public Health Center

PORTSMOUTH, Va. - Suicide has been the third leading cause of death in the Navy and Marine Corps during the past decade, with more than 40 Sailors taking their own lives in 2008.

On a much larger scale, suicide is a national problem as more than 30,000 die by suicide each year, and there are many more unsuccessful attempts. Suicide ranks as the 11th leading cause of death in the United States. Anyone contemplating suicide should receive immediate medical care. More information is available at <http://www.nimh.nih.gov/health/publications/suicide-in-the-usstatistics-and-prevention/index.shtml>.

Leadership at the highest levels of the Department of Defense acknowledge the severity of the problem, attributing extended deployments and the high operational tempo as contributing factors. In a recent interview, Adm. Mike Mullen, Chairman of the Joint Chiefs of Staff, voiced concerns for short and long-term solutions.

"We have got to be able to support those individuals in ways that, in some cases, we haven't quite figured out yet," Mullen said during a lecture at Grove City College, Pa.

According to Dr. Mark Long, Health Promotion Educator with the Navy and Marine Corps Public

Health Center (NMCPHC), "The Navy understands the seriousness of the issue of suicide and its impact upon operational readiness and the morale of the Sailors and Marines affected by the death of a shipmate."

Friends and co-workers are usually the first ones to notice that someone is having a "bad day," and are struggling. Warning signs for suicide are usually evident to those around the individual. Red flags for possible suicide often include:

- Talk and thoughts about suicide and harming oneself;
- Feeling trapped, helpless, powerless;
- Feeling a burden to others;
- Loss of purpose and not belonging;
- Depression, Anger and Anxiety;
- Dramatic mood changes;
- Withdrawing from others friends, family;
- Recklessness and high risk taking;
- Substance misuse/abuse;
- Loss of interest in pleasurable activities

Significant relationship problems, legal problems, financial difficulties, health/medical problems and mental health issues may also contribute to thoughts of suicide.

"The Navy takes the position that everyone matters and that life

counts," Long emphasized. "We want every Sailor to be a lifesaver, and to help their buddy and shipmate if they are experiencing problems."

The Navy Suicide Prevention Program advocates the use of "ACT," an action-oriented and positive way to assist someone in danger of taking his or her own life. ACT stands for Ask – Care – Treat. ACT means asking someone if they are thinking about suicide, showing that you care and are concerned, and personally taking the responsibility to get them professional assistance as soon as possible.

The Navy has many effective resources to help anyone experiencing psychological problems. Medical, Fleet and Family Support Centers and Chaplains are readily available to assist the Sailor. Round-the-clock helping resources include – Military One Source <http://www.militaryonesource.com/>, 1-800-342-9647, and the National Help Line <http://www.suicidepreventionlifeline.org/>, 1-800-273-TALK.

For more information on suicide prevention, visit the Navy Suicide Prevention Program www.suicide.navy.mil and the NMCPHC website at http://www-nmcphc.med.navy.mil/healthy_living/.

Project Good Neighbor

By HMCM (SW/AW) Eric S. Covington, Navy Medicine Manpower Training and Education

BETHESDA, Md. - NAVMED MPT&E is the winner of the 2009 Naval District Washington (NDW) Regional 'Project Good Neighbor' Flagship Award for "Outstanding Community Service" contributions.

The Navy Community Service Program Encompasses five Flagship categories that include Personal Excellence Partnership; Health, Safety and Fitness; Environmental Stewardship; Campaign Drug Free; and Project Good Neighbor.

Project Good Neighbor is a year-round program that provides an avenue for volunteers to contribute to improved quality of life in their communities.

By reaching out to those less fortunate with food drives, repairs/renovations of shelters and homes, the Navy community can brighten the future for struggling individuals, families, and other communities.

As a result of winning the regional award MPT&E will now compete Navy-wide against all commands in the same Flagship category.



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